

WAIVERS OF STATE PLAN PROVISIONS

State: WASHINGTON

Type of Waiver

- ☐ 1115 - Research & Demonstration Projects
- ☐ 1915(b)(1) - Case Management System
- ☐ 1915(b)(2) - Locality as a Central Broker
- ☐ 1915(b)(3) - Sharing of Cost Savings (through:)
 - Additional Services
 - Elimination of Copayments
- ☐ 1915(b)(4) - Restriction of Freedom of Choice
- ☐ 1915(c) ☒ Home and Community-Based Services Waiver (non-model format)
 - ☐ Home and Community-Based Services Waiver (model format)
- ☐ 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description: Basic Plus Waiver, which serves individuals that:

- Live with family or in another setting with assistance.
- May live in an adult family home or adult residential care facility.
- Meet ICF/MR guidelines and are at high risk of out-of-home placement or loss of current living situation.
- Require a higher level of services than those in the Basic Waiver and/or nursing services.

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Approval Date: 12/15/2003

Renewal Date: 3/31/2007

Effective Date: 4/1/2004 (per waiver amendment approved 7/1/2004)

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Medicaid law requires that the services available to any categorically needy (CN) individual be equal in amount, duration and scope to services available to all CN individuals. A waiver has been granted to allow this program to provide additional services to a select subgroup of CN eligibles to allow them to reside outside an institutional setting.

Statewideness:

Freedom of Choice:

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Services:

BASIC PLUS WAIVER	SERVICES	YEARLY LIMIT
	AGGREGATE SERVICES: Behavior management and consultation Community guide Environmental accessibility adaptations Occupational therapy Physical therapy Skilled nursing Specialized medical equipment/supplies Specialized psychiatric services Speech, hearing and language services Staff/family consultation and training Transportation	May not exceed \$6070 per year on any combination of these services
	EMPLOYMENT/DAY PROGRAM SERVICES: Community access Person-to-person Prevocational services Supported employment	May not exceed \$9500 per year
	Adult foster care (adult family home) Adult residential care (boarding home)	Determined per department rate structure
	MENTAL HEALTH STABILIZATION SERVICES: Behavior management and consultation Mental health crisis diversion bed services Skilled nursing Specialized psychiatric services	Limits determined by mental health or DDD
	Personal care	Limits determined by the CARE assessment
	Respite care	Limits are determined by respite assessment
	Sexual Deviancy Evaluation	Limits are determined by DDD
	Emergency assistance is only for services contained in the Basic Plus waiver	\$6000 per year; Preauthorization required

Eligibility:

- Financial eligibility: The individual's gross income does not exceed 300 percent of the SSI benefit amount, and the individual's resources do not exceed \$2,000. Parental income is not considered for children.
- Functional eligibility: The individual must require the level of care provided in an ICF/MR.
- The individual must have a disability according to criteria established in the Social Security Act.
- Individual must also be a client of the Division of Developmental Disabilities.

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Reimbursement Provisions (if different from approved State Plan Methodology):
Payment for services is made via the Social Service Payment System (SSPS) or via
A-19 invoice vouchers. Payment for pre-vocational, supported employment,
community access, and person-to-person services is made to governmental
agencies (counties).

Signature of State Medicaid Director